

1249

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 105
Registrar's No. 50

1. Place of Death: (a) County Gravina (b) City or Town Pima (c) Location Pima
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 40 yrs; In Community 50 yrs; In Arizona 50 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Gravina; (c) City or Town Pima (Rural)
(If outside city limits also write RURAL)
(d) Street No. 12 (e) If foreign born, in U. S. A. yes
3. (a) FULL NAME Margaret Celizina Norton (b) If veteran name war 12 (c) Social Security No. 12
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Widow

6. (b) Name of husband Samuel H. Norton (c) Age of husband 40 yrs
or wife Samuel H. Norton wife, if alive

7. Birthdate of deceased June 17 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 15 If less than one day
hrs. min.

9. Birthplace Utah
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business

12. Name Kenneth H. Norton
13. Birthplace England
(City, town or county) (State or Country)

14. Maiden Name Harper
15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Laurence Norton
(b) Address Pima Ariz

17. (a) Burial, Cremation or Removal Buried
(b) Place Pima Ariz (c) Date June 4 1941

18. (a) Embalmer's Signature N. C. Ramsay
(b) Funeral Director N. C. Ramsay
(c) Address Safford Ariz

19. (a) July 9th, 1941
(Date received local Registrar)
(b) W. H. Stratton M.D.
(Registrar's Signature) W. H. Stratton

20M 100% Rag 9/2/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 2, 1941
TIME (Hour and minute) 2 P. M.

21. I hereby certify that I attended the deceased from Jan 1941 to June 1, 1941
that I last saw her alive on June 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis

Due to Hypertension
& Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. H. Stratton M. D.
Address Safford Ariz Date signed 6/4/41

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.